

05/12/2005 14:40

2813797997

THONEYCUTT ATTYATLAW

PAGE 02/04

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Notes: Use Block 1 for any change of address)

23858

7590

02/16/2005

TIMOTHY M HONEYCUTT ATTORNEY AT LAW
P O BOX 1577
CYPRESS, TX 77410

05/13/2005 WABDEL3 00000145 010365 10693016

01 FC:1501 1400.00 DA

Note: A certificate of mailing can only be used for domestic mailings of Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

TIMOTHY M. HONEYCUTT	(Depositor's name)
<i>Timothy M. Honeycutt</i>	(Signature)
May 12, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/693,016	10/24/2003	Scott Goad	AMD131/HON	1751

TITLE OF INVENTION: ASYMMETRIC HALO IMPLANTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	05/16/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
SMOOT, STEPHEN W	2813	438-276000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

TIMOTHY M. HONEYCUTT

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ADVANCED MICRO DEVICES, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SUNNYVALE, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 01-02365 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other part interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Timothy M. Honeycutt

Date May 12, 2005

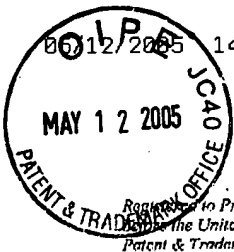
Typed or printed name

TIMOTHY M. HONEYCUTT

Registration No. 37,153

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



06/12/2005 14:40

2813797997

THONEYCUTT ATTYATLAW

PAGE 01/04

TIMOTHY M. HONEYCUTT

*Attorney at Law*POST OFFICE BOX 1577
CYPRESS, TX 77410-157716607 SAINT JOHNS WOOD DR.
TOMBALL, TX 77377TELEPHONE: (281) 379-7999
FACSIMILE: (281) 379-7997
E-MAIL: timhoney@spynet.com**FAX COVER SHEET**

FAX NUMBER TRANSMITTED TO: (703) 746-4000

To: **MAIL STOP ISSUE FEE**
Of: United States Patent and Trademark Office
From: Timothy M. Honeycutt
Client/Matter: Serial No.: 10/693,016; (Atty. Dkt. No. AMDI:131\HON)
Date: May 12, 2005

DOCUMENTS	NUMBER OF PAGES*
Issue Fee Transmittal and One (1) copy	2
Fee address indication form	1

COMMENTS:

The above-listed papers are transmitted herewith for filing.

Originals will not follow.

The information contained in this facsimile message is information protected by attorney-client and/or the attorney/work product privilege. It is intended only for the use of the individual named above and the privileges are not waived by virtue of this having been sent by facsimile. If the person actually receiving this facsimile or any other reader of the facsimile is not the named recipient or the employee or agent responsible to deliver it to the named recipient, any use, dissemination, distribution, or copying of the communication is strictly prohibited. If you have received this communication in error, please immediately notify us by telephone and return the original message to us at the above address via U.S. Postal Service.

* NOT COUNTING COVER SHEET. IF YOU DO NOT RECEIVE ALL PAGES, PLEASE TELEPHONE US IMMEDIATELY AT (281) 379-7999.